

## Breast and Cervical Cancer Research and Evaluation Activities

### National Breast and Cervical Cancer Early Detection Program Biennial Reports

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP), administered by the Centers for Disease Control and Prevention (CDC), helps low-income, uninsured, and underserved women gain access to screening programs. Established in 1991, the Program is currently implemented in all 50 states, 4 U.S. territories, the District of Columbia, and 13 tribes/tribal organizations. Each program submits to CDC a set of standardized data elements for every woman obtaining screening through the Program. To disseminate the information collected by the NBCCEDP, CDC will be producing a national report that includes an overview of the Program, as well as basic statistics and clinical outcomes by age and race/ethnicity. This report will be published every other year and made available in both hard-copy and Web-based formats. The first report will be published in early 2005.

### Formative Research on Issues Related to the Use of Mass Media in African-American Women

The goal of this research project is to determine how to better use local media to inform African-American women about the availability of mammography services. To this end, CDC will conduct a series of focus groups among African-American women in Georgia, aged 40-64 years, who are either participating in or eligible for the NBCCEDP. This research seeks to (1) determine from respondents how African-American women use television and radio as sources of health information, (2) identify

the types of programs and stations they listen to or watch, and (3) determine the hours in which they are listening to or watching programs. Additionally, the research will explore the types of print media that may be most useful in reaching the targeted population. Results from focus groups, expected in 2005, will be used to test and develop an intervention designed to raise the visibility of the NBCCEDP among African-American women.

### Formative Research on Issues Related to Breast and Cervical Cancer Screening in Never and Rarely Screened Women

The purpose of this formative research project was to better understand why some Mexican and Mexican-American women living in the United States are never or rarely screened for breast and cervical cancers. Research activities included a review of literature describing barriers to screening and focus groups conducted with Mexican and Mexican-American women. This project examined participants' general knowledge of breast and cervical cancers and screening tests for those diseases, attitudes and beliefs about screening for breast and cervical cancers, facilitators and barriers to such screening, and social influences on decisions to screen for breast and cervical cancers. The results of this project are relevant to the planning of behavioral intervention research to reach Mexican and Mexican-American women and increase their participation in breast and cervical cancer screening. Data collection and analysis have been completed, and the final report is expected in 2004.

(Continued)

#### For more information, please contact:

The Centers for Disease Control and Prevention • National Center for Chronic Disease Prevention and Health Promotion  
Division of Cancer Prevention and Control • Mail Stop K-64, 4770 Buford Highway, NE • Atlanta, GA 30341-3717 • Phone (770) 488-4751  
Fax (770) 488-4760 • Voice Information System 1 (888) 842-6355 • E-mail [cancerinfo@cdc.gov](mailto:cancerinfo@cdc.gov) • Web site <http://www.cdc.gov/cancer>



Department of Health and Human Services  
Centers for Disease Control and Prevention

SAFER • HEALTHIER • PEOPLE™



## Breast and Cervical Cancer Research and Evaluation Activities

### **The Guide to Community Preventive Services: Interventions to Address the Breast Cancer Burden**

The *Guide to Community Preventive Services* (*Community Guide*) provides evidence-based findings on the effectiveness of selected public health interventions across a range of topic areas, including early detection and control of cancer. The *Community Guide's* cancer chapter is focusing on interventions that are designed to improve early detection and control, including interventions to (1) increase utilization of screening for breast, cervical, and colorectal cancers, and (2) help people make informed decisions about cancer screening.

As part of its rigorous and systematic review process, the expert team that supports the independent Task Force on Community Preventive Services (author of the *Community Guide*), categorizes published reports on screening for breast and cervical cancers into three strategies that may increase the use of screening: (1) increasing access, (2) promoting community-based interventions, and (3) promoting screening by providers and health care systems. The expert team analyzes these reports using specific peer-reviewed methods developed for the *Community Guide*, with outcomes translated into strength-of-evidence assessments that form the basis for the Task Force's findings. Results are expected in 2004 and 2005. (Visit <http://thecommunityguide.org/methods/default.htm>)

### **Dissemination of Education on Cervical Cancer Screening to Primary Care Physicians**

The purpose of the study is to conduct a randomized controlled trial of 200 community physicians in five predominantly urban areas in the New York City metropolitan area where large numbers of underserved, minority women reside. The case group receives the intervention, a form of academic detailing, that includes outreach visits to practicing physicians by trained educators, to provide information about screening guidelines, the distribution of educational resources (e.g., patient education pamphlets), and training clinic staff on practice systems that can improve provision of cervical cancer screening, such as reminder systems. The control group receives nothing. At least three visits are planned to each physician over a 1- to 2-year period (recruitment and intervention are happening simultaneously, as not all physicians are being recruited at the same time). The outcome measures to be evaluated at 3 and 6 months include changes in physician knowledge, attitudes, and self-assessment of their practice behaviors, implementation of practice systems recommended during the educational detailing, interviews with previously unscreened patients to assess the level of screening, and chart audits to assess the level of screening within the practices. The expected benefit is that physicians will screen more patients for cervical cancer. Results are expected in 2006.